

EXHIBIT A

Description of Facilities covered under Independent Contractor Agreement:

1. Location [REDACTED]
Section [REDACTED] Township 11
Town [REDACTED] County [REDACTED] State [REDACTED]

2. Further Description

Bldg. 1 Type Total Confinement
Total Capacity 900
No. of Rooms 2
Capacity/Room 450
No. Pens/Room 20

Bldg. 2 Type Total Confinement
Total Capacity 900
No. of Rooms 2
Capacity/Room 450
No. Pens/Room 20

Bldg. 3 Type Total Confinement
Total Capacity 900
No. of Rooms 1
Capacity/Room 900
No. Pens/Room 36

Bldg. 4 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____

Bldg. 5 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____

Bldg. 6 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____